

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

DISTRICT OF NEVADA

Case number (if known) Chapter **11**☐ Check if this an amended filing

## Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name **ACTIVE LIFE INTEGRATED HEALTH**

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) **84-2962812**

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

**971 W. MOANA LANE  
RENO, NV 89509**

Number, Street, City, State &amp; ZIP Code

**4790 CAUGHLIN PARKWAY  
RENO, NV 89519**

P.O. Box, Number, Street, City, State &amp; ZIP Code

**Washoe**

County

Location of principal assets, if different from principal place of business

Number, Street, City, State &amp; ZIP Code

5. Debtor's website (URL)

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))☐ Partnership (excluding LLP)☐ Other. Specify:

Debtor **ACTIVE LIFE INTEGRATED HEALTH**  
Name

Case number (if known)

**7. Describe debtor's business** A. *Check one:*

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

6213**8. Under which chapter of the Bankruptcy Code is the debtor filing?** *Check one:*

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. *Check all that apply:*

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor **ACTIVE LIFE INTEGRATED HEALTH**  
Name

Case number (if known)

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?
- ☒ No  
☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor  
District

When

Relationship

Case number, if known

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

☒ No☐ Yes.

Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard?

- ☐ It needs to be physically secured or protected from the weather.

- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

- ☐ Other

Where is the property?

Number, Street, City, State &amp; ZIP Code

Is the property insured?

☐ No☐ Yes. Insurance agency

Contact name

Phone

### Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors

☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000

15. Estimated Assets

☐ \$0 - \$50,000☐ \$50,001 - \$100,000☒ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

16. Estimated liabilities

☐ \$0 - \$50,000☐ \$1,000,001 - \$10 million☐ \$500,000,001 - \$1 billion

Debtor	<b>ACTIVE LIFE INTEGRATED HEALTH</b>	Case number (if known)	
	Name		
	<input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input checked="" type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

---

Debtor **ACTIVE LIFE INTEGRATED HEALTH**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures****WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **June 12, 2024**  
MM / DD / YYYY**X /s/ VERNON T. WALDORF**

Signature of authorized representative of debtor

**VERNON T. WALDORF**

Printed name

Title **PRESIDENT****18. Signature of attorney****X /s/ KEVIN A DARBY**

Signature of attorney for debtor

Date **June 12, 2024**

MM / DD / YYYY

**KEVIN A DARBY 7670**

Printed name

**DARBY LAW PRACTICE**

Firm name

**499 W. PLUMB LANE, SUITE 202  
Reno, NV 89509**

Number, Street, City, State &amp; ZIP Code

Contact phone **775.322.1237**Email address **kevin@darbylawpractice.com****7670 NV**

Bar number and State

**Fill in this information to identify the case:**Debtor name ACTIVE LIFE INTEGRATED HEALTHUnited States Bankruptcy Court for the: DISTRICT OF NEVADA

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule \_\_\_\_\_
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 12, 2024**X /s/ VERNON T. WALDORF**

Signature of individual signing on behalf of debtor

**VERNON T. WALDORF**

Printed name

**PRESIDENT**

Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name **ACTIVE LIFE INTEGRATED HEALTH**  
 United States Bankruptcy Court for the: **DISTRICT OF NEVADA**  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an  
 amended filing

**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
ADVANCED MD 698 W 1000 S SOUTH JORDAN, UT 84095		TRADE DEBT				\$668.66
AMUR 340 W. 3RD STREET PO BOX 2555 GRAND ISLAND, NE 68801		LASER		\$43,733.00	\$20,000.00	\$23,733.00
DEAR DOC 75 BROAD ST NEW YORK, NY 10004		TRADE DEBT				\$460.13
FORWARD FINANCING, LLC 53 STATE STREET 20TH FLOOR Boston, MA 02109		ACCOUNTS RECEIVABLE		\$12,000.00	\$11,540.00	\$12,000.00
INTERNAL REVENUE SERVICE P.O. Box 21126 DPN 781 Philadelphia, PA 19114		941 PAYROLL TAXES				\$2,887.95
KAPITUS SERVICING INC. 2500 WILSON BLVD, SUITE 350 ARLINGTON, VA 22201		ACCOUNTS RECEIVABLE AND INVENTORY		\$44,000.00	\$63,211.00	\$44,000.00
KIM WILLIAMS 1140 BROOKHOLLOW LANE RENO, NV 89519		BUYOUT OF BUSINESS INTEREST				\$8,000.00

Debtor **ACTIVE LIFE INTEGRATED HEALTH**

Case number (if known)

Name

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
LABCORP PO BOX 12140 BURLINGTON, NC 27216		TRADE DEBT				\$9,179.73
NCMIC FINANCE CORPORATION 14001 UNIVERSITY AVE. CLIVE, IA 50325		TWO DECOMPRESSION TABLES		\$18,826.20	\$7,578.00	\$11,248.20
NEVADA DEPARTMENT OF EMPLOYMENT TRAINING 500 E. THIRD STREET Carson City, NV 89713		UNEMPLOYMENT TAXES				\$5,337.52
NEWLANE FINANCE 123 S. BROAD STREET, 17TH FLOOR PHILADELPHIA, PA 19109		ONE TABLE AND TWO STIMULATION UNITS		\$12,337.31	\$4,028.00	\$8,309.31
NEWLANE FINANCE 123 S. BROAD STREET, 17TH FLOOR PHILADELPHIA, PA 19109		ONE LASER AND TWO PRESSURE WAVES		\$67,482.48	\$42,500.00	\$24,982.48
SPARTAN CAPITAL 122 E 42ND ST 4TH FLOOR #1011 NEW YORK, NY 10168		ALL ACCOUNTS		\$38,359.60	\$11,240.00	\$38,359.60
SUPER FEET 1820 SCOUT PLACE FERNDAL, WA 98248		TRADE DEBT				\$5,132.52
U.S. BANK PO BOX 790408 SAINT LOUIS, MO 63179-0480		CREDIT CARD				\$25,044.76
U.S. BANK PO BOX 790408 SAINT LOUIS, MO 63179-0408		CREDIT CARD				\$13,341.37



Debtor **ACTIVE LIFE INTEGRATED HEALTH**

Case number (if known)

Name

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
U.S. SMALL BUSINESS ADMINISTRATION OFFICE OF GENERAL COUNSEL 312 NORTH SPRING STREET, FLOOR 5 LOS ANGELES, CA 90012		ALL TANGIBLE AND INTANGIBLE PROPERTY		\$308,000.00	\$159,235.13	\$308,000.00

**Fill in this information to identify the case:**Debtor name **ACTIVE LIFE INTEGRATED HEALTH**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals****12/15****Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

<b>1a. Real property:</b>	
Copy line 88 from <i>Schedule A/B</i> .....	\$ <b>0.00</b>
<b>1b. Total personal property:</b>	
Copy line 91A from <i>Schedule A/B</i> .....	\$ <b>159,235.13</b>
<b>1c. Total of all property:</b>	
Copy line 92 from <i>Schedule A/B</i> .....	\$ <b>159,235.13</b>

**Part 2: Summary of Liabilities**

<b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D)	
Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <b>614,347.91</b>
<b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
<b>3a. Total claim amounts of priority unsecured claims:</b>	
Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <b>8,225.47</b>
<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b>	
Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <b>61,827.17</b>
<b>4. Total liabilities</b> .....	
Lines 2 + 3a + 3b	\$ <b>684,400.55</b>

**Fill in this information to identify the case:**Debtor name **ACTIVE LIFE INTEGRATED HEALTH**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **MEADOWS BANK****CHECKING****1936****\$946.90**3.2. **MEADOWS BANK****CHECKING****1944****\$5,625.99****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$6,572.89****Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.  
☒ Yes Fill in the information below.

**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. **SECURITY DEPOSIT WITH LANDLORD MOANA ANNEX, LLC****\$2,959.24****8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Debtor ACTIVE LIFE INTEGRATED HEALTH  
Name

Case number (If known) \_\_\_\_\_

Description, including name of holder of prepayment

9. **Total of Part 2.**

Add lines 7 through 8. Copy the total to line 81.

**\$2,959.24****Part 3: Accounts receivable**10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

11. **Accounts receivable**

11b. Over 90 days old:	<u>11,540.00</u>	-	<u>0.00</u>	=....	<u>\$11,540.00</u>
	face amount		doubtful or uncollectible accounts		

11b. Over 90 days old:	<u>40,000.00</u>	-	<u>40,000.00</u>	=....	<u>\$0.00</u>
	face amount		doubtful or uncollectible accounts		

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

**\$11,540.00****Part 4: Investments**13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.  
☐ Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. <b>Office furniture</b> <b>OFFICE FURNITURE</b>	<b>\$0.00</b>	<b>Liquidation</b>	<b>\$1,000.00</b>

40. **Office fixtures**

Debtor **ACTIVE LIFE INTEGRATED HEALTH**  
Name

Case number (If known)

41. **Office equipment, including all computer equipment and communication systems equipment and software**42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

**\$1,000.00**44. **Is a depreciation schedule available for any of the property listed in Part 7?**☒ No☐ Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes**Part 8: Machinery, equipment, and vehicles**46. **Does the debtor own or lease any machinery, equipment, or vehicles?**☐ No. Go to Part 9.☒ Yes Fill in the information below.**General description**

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

**Net book value of debtor's interest**  
(Where available)**Valuation method used for current value****Current value of debtor's interest**47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**48. **Watercraft, trailers, motors, and related accessories** *Examples:* Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels49. **Aircraft and accessories**50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)****THREE CHIROPRACTIC ADJUSTMENT TABLES****\$0.00****Liquidation****\$7,350.00****THREE CHIROPRACTICE ADJUSTING TOOLS****\$0.00****Liquidation****\$3,765.00****THREE DECOMPRESSION TABLES****\$0.00****Liquidation****\$11,367.00****THREE LASERS****\$0.00****Liquidation****\$60,000.00****TWO PRESSURE WAVES****\$0.00****Liquidation****\$22,500.00****THREE ELECTRICAL STIMULATION UNITS****\$0.00****Liquidation****\$2,367.00****MASSAGE TABLE****\$0.00****\$289.00****TWO PROCEDURE TABLES****\$0.00****Liquidation****\$750.00**

Debtor **ACTIVE LIFE INTEGRATED HEALTH**  
Name

Case number (If known)

<b>EIGHT COMPUTERS WITH MONITORS</b>	<b>\$0.00</b>		<b>\$2,000.00</b>
--------------------------------------	---------------	--	-------------------

<b>FOUR TABLET COMPUTERS</b>	<b>\$0.00</b>	Liquidation	<b>\$460.00</b>
------------------------------	---------------	-------------	-----------------

<b>MISCELLANEOUS MEDICAL EQUIPMENT</b>	<b>\$0.00</b>	Liquidation	<b>\$1,625.00</b>
----------------------------------------	---------------	-------------	-------------------

<b>OTHER MISCELLANEOUS TOOLS AND EQUIPMENT</b>	<b>\$0.00</b>	Liquidation	<b>\$1,689.00</b>
------------------------------------------------	---------------	-------------	-------------------

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$114,162.00

52. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No  
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No  
☐ Yes

**Part 9: Real property**54. **Does the debtor own or lease any real property?**

- ☒ No. Go to Part 10.  
☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**59. **Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.  
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. <b>Patents, copyrights, trademarks, and trade secrets</b>			
61. <b>Internet domain names and websites</b> <b>WWW.ACTIVELIFERENO.COM</b>	<b>\$0.00</b>	N/A	<b>\$1.00</b>

62. **Licenses, franchises, and royalties**63. **Customer lists, mailing lists, or other compilations**64. **Other intangibles, or intellectual property**65. **Goodwill**66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$1.00

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?

- ☒ No

Debtor **ACTIVE LIFE INTEGRATED HEALTH**  
Name

Case number (If known)

☐ Yes68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**☒ No☐ Yes69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**☒ No☐ Yes**Part 11: All other assets**70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.☒ Yes Fill in the information below.Current value of  
debtor's interest71. **Notes receivable**

Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

**EMPLOYEE RETENTION CREDIT CLAIM**Tax year **2021****\$23,000.00****NET OPERATING LOSS CARRY FORWARDS OF  
\$220,000**Tax year **2022****\$0.00**73. **Interests in insurance policies or annuities**74. **Causes of action against third parties (whether or not a lawsuit has been filed)**75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**76. **Trusts, equitable or future interests in property**77. **Other property of any kind not already listed** Examples: Season tickets, country club membership78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

**\$23,000.00**79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**☒ No☐ Yes

Debtor **ACTIVE LIFE INTEGRATED HEALTH**  
Name

Case number (If known)

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<b>\$6,572.89</b>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$2,959.24</b>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$11,540.00</b>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$0.00</b>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$0.00</b>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$1,000.00</b>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<b>\$114,162.00</b>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<b>\$0.00</b>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<b>\$1.00</b>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>+</b> <b>\$23,000.00</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$159,235.13</b>	<b>+ 91b. \$0.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$159,235.13</b>



**Fill in this information to identify the case:**Debtor name **ACTIVE LIFE INTEGRATED HEALTH**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
<b>2.1</b>	<b>AMUR</b> <small>Creditor's Name</small> <b>340 W. 3RD STREET</b> <b>PO BOX 2555</b> <b>GRAND ISLAND, NE 68801</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b> <b>10/5/2023</b> <b>Last 4 digits of account number</b> <b>1307</b> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<b>Describe debtor's property that is subject to a lien</b> <b>LASER</b>  <b>Describe the lien</b> <b>Purchase Money Security</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$43,733.00</b>	<b>\$20,000.00</b>

<b>2.2</b>	<b>FORWARD FINANCING, LLC</b> <small>Creditor's Name</small> <b>53 STATE STREET</b> <b>20TH FLOOR</b> <b>Boston, MA 02109</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b> <b>5/6/2024</b> <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b>	<b>Describe debtor's property that is subject to a lien</b> <b>ACCOUNTS RECEIVABLE</b>  <b>Describe the lien</b> <b>Non-Purchase Money Security</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply	<b>\$12,000.00</b>	<b>\$11,540.00</b>
------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------	--------------------

Debtor **ACTIVE LIFE INTEGRATED HEALTH**

Case number (if known)

Name

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☐ Unliquidated☐ Disputed**2.3 KAPITUS SERVICING INC.**

Creditor's Name

**2500 WILSON BLVD, SUITE  
350  
ARLINGTON, VA 22201**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**ACCOUNTS RECEIVABLE AND INVENTORY****\$44,000.00****\$63,211.00**

Describe the lien

**Non-Purchase Money Security**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.4 NCMIC FINANCE CORPORATION**

Creditor's Name

**14001 UNIVERSITY AVE.  
CLIVE, IA 50325**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****5/9/2023****Last 4 digits of account number****7961****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**TWO DECOMPRESSION TABLES****\$18,826.20****\$7,578.00**

Describe the lien

**Purchase Money Security**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.5 NEWLANE FINANCE**

Creditor's Name

**123 S. BROAD STREET,  
17TH FLOOR  
PHILADELPHIA, PA 19109**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**LASER****\$8,386.32****\$20,000.00**

Describe the lien

**Purchase Money Security**

Debtor **ACTIVE LIFE INTEGRATED HEALTH**

Case number (if known)

Name

Creditor's email address, if known

Date debt was incurred

**1/5/2020**

Last 4 digits of account number

**3502**

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.6 NEWLANE FINANCE**

Creditor's Name

**123 S. BROAD STREET,  
17TH FLOOR  
PHILADELPHIA, PA 19109**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**8/16/2030**

Last 4 digits of account number

**4816**

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**ONE LASER AND TWO PRESSURE WAVES****\$67,482.48****\$42,500.00**

Describe the lien

**Purchase Money Security**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.7 NEWLANE FINANCE**

Creditor's Name

**123 S. BROAD STREET,  
17TH FLOOR  
PHILADELPHIA, PA 19109**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

**6/2/2022**

Last 4 digits of account number

**2824**

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**ONE TABLE AND TWO STIMULATION UNITS****\$12,337.31****\$4,028.00**

Describe the lien

**Purchase Money Security**

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

Debtor **ACTIVE LIFE INTEGRATED HEALTH**  
Name

Case number (if known)

<b>2.8 SPARTAN CAPITAL</b> Creditor's Name <b>122 E 42ND ST</b> <b>4TH FLOOR #1011</b> <b>NEW YORK, NY 10168</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<b>Describe debtor's property that is subject to a lien</b> <b>ALL ACCOUNTS</b>  <b>Describe the lien</b> <b>Non-Purchase Money Security</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$38,359.60</b>	<b>\$11,240.00</b>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------	--------------------

<b>2.9 U.S. SMALL BUSINESS ADMINISTRATION</b> Creditor's Name <b>OFFICE OF GENERAL COUNSEL</b> <b>312 NORTH SPRING STREET, FLOOR 5</b> <b>LOS ANGELES, CA 90012</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b> <b>12/22/2021</b> <b>Last 4 digits of account number</b> <b>9105</b> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<b>Describe debtor's property that is subject to a lien</b> <b>ALL TANGIBLE AND INTANGIBLE PERSONAL PROPERTY</b>  <b>Describe the lien</b> <b>Non-Purchase Money Security</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$61,223.00</b>	<b>\$159,235.13</b>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------	---------------------

<b>2.10 U.S. SMALL BUSINESS ADMINISTRATION</b> Creditor's Name <b>OFFICE OF GENERAL COUNSEL</b> <b>312 NORTH SPRING STREET, FLOOR 5</b> <b>LOS ANGELES, CA 90012</b> Creditor's mailing address	<b>Describe debtor's property that is subject to a lien</b> <b>ALL TANGIBLE AND INTANGIBLE PROPERTY</b>  <b>Describe the lien</b> <b>Non-Purchase Money Security</b>	<b>\$308,000.00</b>	<b>\$159,235.13</b>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------	---------------------

Debtor **ACTIVE LIFE INTEGRATED HEALTH**

Case number (if known)

Name

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

**12/22/2021**

Last 4 digits of account number

**9105**

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$614,347.91****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

DANEIL GOLDSTEIN, ESQ.  
SPARTAN CAPITAL  
122 E 42ND ST  
4TH FLOOR #1011  
NEW YORK, NY 10168Line 2.8JACQUELIN MESSINA  
KAPITUS  
2500 WILSON BLVD STE 350  
ARLINGTON, VA 22202Line 2.3JAMES GRABER, ESQ.  
RUPP PFALZGRAF LLC  
1600 LIBERTY BUILDING 424 MAIN STREET  
Buffalo, NY 14202Line 2.8JASON A. GANG, ESQ.  
1245 HEWLETT PLAZA #478  
HEWLETT, NY 11557Line 2.8UNITED STATES ATTORNEY  
100 W. LIBERTY STREET #600  
RENO, NV 89501Line 2.9UNITED STATES ATTORNEY  
100 W. LIBERTY STREET #600  
RENO, NV 89501Line 2.10



Debtor	<b>ACTIVE LIFE INTEGRATED HEALTH</b> Name	Case number (if known)
--------	----------------------------------------------	------------------------

---

3.1	<b>Nonpriority creditor's name and mailing address</b> <b>ADVANCED MD</b> <b>698 W 1000 S</b> <b>SOUTH JORDAN, UT 84095</b> Date(s) debt was incurred <u>6/9/2024</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$668.66</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-----	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

---

3.2	<b>Nonpriority creditor's name and mailing address</b> <b>CREDITORS RELIEF</b> <b>333 SYLVAN AVE.</b> <b>SUITE 105</b> <b>ENGLEWOOD CLIFFS, NJ 07632</b> Date(s) debt was incurred <u>5/2/2024</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$0.00</b></span> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>DEBT CONSOLIDATION SERVICES</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-----	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

---

3.3	<b>Nonpriority creditor's name and mailing address</b> <b>DEAR DOC</b> <b>75 BROAD ST</b> <b>NEW YORK, NY 10004</b> Date(s) debt was incurred <u>4/30/2024</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$460.13</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-----	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

---

3.4	<b>Nonpriority creditor's name and mailing address</b> <b>KIM WILLIAMS</b> <b>1140 BROOKHOLLOW LANE</b> <b>RENO, NV 89519</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$8,000.00</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>BUYOUT OF BUSINESS INTEREST</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-----	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

---

3.5	<b>Nonpriority creditor's name and mailing address</b> <b>LABCORP</b> <b>PO BOX 12140</b> <b>BURLINGTON, NC 27216</b> Date(s) debt was incurred <u>5/25/24</u> Last 4 digits of account number <u>3440</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$9,179.73</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-----	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

---

3.6	<b>Nonpriority creditor's name and mailing address</b> <b>SUPER FEET</b> <b>1820 SCOUT PLACE</b> <b>FERNDAL, WA 98248</b> Date(s) debt was incurred <u>9/2023-4/2024</u> Last 4 digits of account number <u>6663</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$5,132.52</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>TRADE DEBT</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-----	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

---

3.7	<b>Nonpriority creditor's name and mailing address</b> <b>U.S. BANK</b> <b>PO BOX 790408</b> <b>SAINT LOUIS, MO 63179-0408</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>6782</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$13,341.37</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>CREDIT CARD</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
-----	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Debtor **ACTIVE LIFE INTEGRATED HEALTH**  
Name

Case number (if known)

3.8 Nonpriority creditor's name and mailing address

**U.S. BANK**  
**PO BOX 790408**  
**SAINT LOUIS, MO 63179-0480**

Date(s) debt was incurred

Last 4 digits of account number 5646As of the petition filing date, the claim is: *Check all that apply.***\$25,044.76**

- ☐
- Contingent
- 
- ☐
- Unliquidated
- 
- ☐
- Disputed

Basis for the claim: **CREDIT CARD**Is the claim subject to offset? ☒ No ☐ Yes**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the  
related creditor (if any) listed?Last 4 digits of  
account number, if  
any**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

## Total of claim amounts

5a. \$ 8,225.475b. + \$ 61,827.175c. \$ 70,052.64



**Fill in this information to identify the case:**Debtor name **ACTIVE LIFE INTEGRATED HEALTH**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B). *Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **LEASE OF 971 W. MOANA LANE, RENO, NV 89509**State the term remaining **3-YEARS**

List the contract number of any government contract \_\_\_\_\_

**MOANA ANNEX, LLC  
c/o NEVADA COMMERCIAL SERVICES, INC.  
1475 TERMINAL WAY, SUITE A  
RENO, NV 89502**

**Fill in this information to identify the case:**Debtor name **ACTIVE LIFE INTEGRATED HEALTH**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 206H  
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*2.1 **VERNON T. WALDORF** **971 W. MOANA LANE  
RENO, NV 89509****U.S. SMALL  
BUSINESS  
ADMINISTRATION**☒ D **2.10**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_2.2 **VERNON T. WALDORF** **971 W. MOANA LANE  
RENO, NV 89509****U.S. SMALL  
BUSINESS  
ADMINISTRATION**☒ D **2.9**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_2.3 **VERNON T. WALDORF** **971 W. MOANA LANE  
RENO, NV 89509****SPARTAN CAPITAL**☒ D **2.8**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_2.4 **VERNON T. WALDORF** **971 W. MOANA LANE  
RENO, NV 89509****KAPITUS SERVICING  
INC.**☒ D **2.3**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_2.5 **VERNON T. WALDORF** **971 W. MOANA LANE  
RENO, NV 89509****FORWARD  
FINANCING, LLC**☒ D **2.2**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

Debtor ACTIVE LIFE INTEGRATED HEALTH

Case number (if known) \_\_\_\_\_

**Additional Page to List More Codebtors**

**Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.**

*Column 1: Codebtor*

*Column 2: Creditor*

**Fill in this information to identify the case:**Debtor name **ACTIVE LIFE INTEGRATED HEALTH**United States Bankruptcy Court for the: **DISTRICT OF NEVADA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing**Official Form 207****Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income****1. Gross revenue from business**☐ None.**Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year****From the beginning of the fiscal year to filing date:**From **1/01/2024** to **Filing Date****Sources of revenue**  
Check all that apply☒ Operating a business☐ Other \_\_\_\_\_**Gross revenue**  
(before deductions and exclusions)**\$128,461.00****For prior year:**From **1/01/2023** to **12/31/2023**☒ Operating a business☐ Other \_\_\_\_\_**\$321,787.00****For year before that:**From **1/01/2022** to **12/31/2022**☒ Operating a business☐ Other \_\_\_\_\_**\$293,632.00****2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.**Description of sources of revenue****Gross revenue from each source**  
(before deductions and exclusions)**Part 2: List Certain Transfers Made Before Filing for Bankruptcy****3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.**Creditor's Name and Address****Dates****Total amount of value****Reasons for payment or transfer**  
*Check all that apply*

Debtor **ACTIVE LIFE INTEGRATED HEALTH**

Case number (if known) \_\_\_\_\_

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <b>KAPITUS SERVICING INC. 2500 WILSON BLVD, SUITE 350 ARLINGTON, VA 22201</b>	<b>3/7/24, 3/14/24, 3/21/24, 3/28/24, 4/4/24, 4/11/24, 4/18/24, 4/25/24, 5/2/24</b>	<b>\$10,356.00</b>	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. <b>MOANA ANNEX, LLC c/o NEVADA COMMERCIAL SERVICES, INC. 1475 TERMINAL WAY, SUITE A RENO, NV 89502</b>	<b>3/6/24, 4/8/24 AND 5/7/24</b>	<b>\$11,231.60</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other <b>RENT</b>

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
4.1. <b>VERNON T. WALDORF 971 W. MOANA LANE RENO, NV 89509 OFFICER, DIRECTOR AND SHAREHOLDER</b>	<b>6/13/2023 - 6/12/2024</b>	<b>\$78,900.00</b>	<b>WAGES/COMPENSATION</b>

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	-----------------------------------------	-----------------------	--------

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
---------------------------	----------------	------------------------------------	----------------

Debtor **ACTIVE LIFE INTEGRATED HEALTH**

Case number (if known)

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1.	<b>SPARTA BUSINESS SOLUTIONS LLC DBA SPARTAN CAPITAL v. ACTIVE LIFE INTEGRATED HEALTH</b>	<b>BREACH OF CONTRACT</b>	<b>SUPREME COURT FOR THE STATE OF NEW YORK</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None
**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**
☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	-------------------------------------------	-------------	-------

**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**
☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p>		

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	<b>DARBY LAW PRACTICE 499 W. PLUMB LANE, SUITE 202 Reno, NV 89509</b>	<b>Attorney Fees</b>	<b>6/4/24</b>	<b>\$9,238.00</b>
	Email or website address <b>kevin@darbylawpractice.com</b>			
	Who made the payment, if not debtor? <b>DEBTOR'S PRINCIPAL'S BROTHER</b>			

**12. Self-settled trusts of which the debtor is a beneficiary**

Debtor **ACTIVE LIFE INTEGRATED HEALTH**

Case number (if known)

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.  
Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
-----------------------------------	---------------------------------------------------------------------------------------	---------------------------	--------------------------

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☐ Does not apply

Address	Dates of occupancy From-To
14.1. 6135 LAKESIDE DRIVE RENO, NV 89511	2/2017 - 3/2022

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:  
- diagnosing or treating injury, deformity, or disease, or  
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☐ No. Go to Part 9.

☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. ACTIVE LIFE INTEGRATED HEALTH 971 W. MOANA LANE RENO, NV 89509	CHIROPRACTIC SERVICES	500
	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. 971 W. MOANA LANE RENO, NV 89509	How are records kept? <i>Check all that apply:</i>  <input checked="" type="checkbox"/> Electronically <input type="checkbox"/> Paper

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

☒ No.

☐ Yes. State the nature of the information collected and retained.

Debtor **ACTIVE LIFE INTEGRATED HEALTH**

Case number (if known)

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	<b>U.S. BANK N.A. 9918 HIBERT STREET, SECOND FLOOR SAN DIEGO, CA 92131-1018</b>	<b>XXXX-3270</b>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	<b>5/2024</b>	<b>\$0.00</b>
18.2.	<b>U.S. BANK N.A. 9918 HIBERT STREET, SECOND FLOOR SAN DIEGO, CA 92131-1018</b>	<b>XXXX-6843</b>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	<b>1/2024</b>	<b>\$0.00</b>

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
-----------------------------------------	----------------------------------------------	-----------------------------	----------------------------

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☐ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<b>STOREQUEST 889 MODESTO DRIVE RENO, NV 89511</b>	<b>VERNON T. WALDORF 971 W. MOANA LANE RENO, NV 89509</b>	<b>BUSINESS RECEIPTS, PATIENT FILES AND UNUSED EQUIPMENT</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
<b>PUBLIC STORAGE 4875 S. MCCARRAN BLVD RENO, NV 89502</b>	<b>VERNON T. WALDORF 971 W. MOANA LANE RENO, NV 89509</b>	<b>BUSINESS RECEIPTS, PATIENT FILES AND UNUSED EQUIPMENT</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**



Debtor **ACTIVE LIFE INTEGRATED HEALTH**

Case number (if known)

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

- ☒ No.  
☐ Yes. Provide details below.

Case title  
Case number

Court or agency name and  
address

Nature of the case

Status of case

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address

Governmental unit name and  
address

Environmental law, if known

Date of notice

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☒ No.  
☐ Yes. Provide details below.

Site name and address

Governmental unit name and  
address

Environmental law, if known

Date of notice

**Part 13: Details About the Debtor's Business or Connections to Any Business****25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name address

Describe the nature of the business

Employer Identification number

Do not include Social Security number or ITIN.

Dates business existed

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address

Date of service  
From-To

Debtor **ACTIVE LIFE INTEGRATED HEALTH**

Case number (if known)

**Name and address****Date of service  
From-To**

26a.1. **KISSLING, AMOROSO & COMPANY INC.**  
**5117 ERIE STREET**  
**NEW CASTLE, PA 16102**

**2022 - PRESENT**

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

**Name and address****If any books of account and records are  
unavailable, explain why**

26c.1. **VERNON T. WALDORF**  
**971 W. MOANA LANE**  
**RENO, NV 89509**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the  
inventory****Date of inventory****The dollar amount and basis (cost, market,  
or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

**Name****Address****Position and nature of any  
interest****% of interest, if  
any****VERNON T. WALDORF****971 W. MOANA LANE  
RENO, NV 89509****SOLE OFFICER, DIRECTOR  
AND SHAREHOLDER****100**

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

**Name and address of recipient****Amount of money or description and value of  
property****Dates****Reason for  
providing the value**

Debtor **ACTIVE LIFE INTEGRATED HEALTH**

Case number (if known)

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1	VERNON T. WALDORF 971 W. MOANA LANE RENO, NV 89509	\$78,900	6/13/2023 - 6/12/2024	WAGES/COMPEN SATION
	Relationship to debtor OFFICE, DIRECTOR AND SHAREHOLDER			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **June 12, 2024****/s/ VERNON T. WALDORF**

Signature of individual signing on behalf of the debtor

**VERNON T. WALDORF**

Printed name

Position or relationship to debtor **PRESIDENT**Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No  
☐ Yes

B2030 (Form 2030) (12/15)

**United States Bankruptcy Court**  
**District of Nevada**

In re **ACTIVE LIFE INTEGRATED HEALTH**

Debtor(s)

Case No.

Chapter

**11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$ <b>Actual Fees Billed Hourly</b>
Prior to the filing of this statement I have received .....	\$ <b>9,238.00</b>
Balance Due .....	\$ <b>tbd</b>

2. \$ **1,738.00** of the filing fee has been paid.
3. The source of the compensation paid to me was:  
☐ Debtor ☒ Other (specify): **DEBTOR'S PRINCIPAL'S BROTHER**
4. The source of compensation to be paid to me is:  
☒ Debtor ☐ Other (specify):
5. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.  
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.
6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
  - Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
  - Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
  - [Other provisions as needed]  
**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**
7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:  
**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

**June 12, 2024**

Date

**/s/ KEVIN A DARBY****KEVIN A DARBY 7670**

Signature of Attorney

**DARBY LAW PRACTICE****499 W. PLUMB LANE, SUITE 202****Reno, NV 89509****775.322.1237 Fax: 775.996.7290****kevin@darbylawpractice.com**

Name of law firm

**United States Bankruptcy Court  
District of Nevada**

In re **ACTIVE LIFE INTEGRATED HEALTH**

Debtor(s)

Case No.

Chapter

**11**

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>VERNON T. WALDORF 971 W. MOANA LANE RENO, NV 89509</b>	<b>COMMON</b>	<b>100%</b>	<b>STOCK</b>

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **PRESIDENT** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **June 12, 2024**Signature **/s/ VERNON T. WALDORF  
VERNON T. WALDORF**

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court  
District of Nevada**

In re **ACTIVE LIFE INTEGRATED HEALTH**

Debtor(s)

Case No.

Chapter

**11**

**VERIFICATION OF CREDITOR MATRIX**

I, the PRESIDENT of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **June 12, 2024**

**/s/ VERNON T. WALDORF**

**VERNON T. WALDORF/PRESIDENT**

Signer/Title

ACTIVE LIFE INTEGRATED HEALTH  
4790 CAUGHLIN PARKWAY  
RENO, NV 89519

KEVIN A DARBY  
DARBY LAW PRACTICE  
499 W. PLUMB LANE, SUITE 202  
Reno, NV 89509

ADVANCED MD  
698 W 1000 S  
SOUTH JORDAN, UT 84095

AMUR  
Acct No 1307  
340 W. 3RD STREET  
PO BOX 2555  
GRAND ISLAND, NE 68801

CREDITORS RELIEF  
333 SYLVAN AVE.  
SUITE 105  
ENGLEWOOD CLIFFS, NJ 07632

DANEIL GOLDSTEIN, ESQ.  
SPARTAN CAPITAL  
122 E 42ND ST  
4TH FLOOR #1011  
NEW YORK, NY 10168

DEAR DOC  
75 BROAD ST  
NEW YORK, NY 10004

FORWARD FINANCING, LLC  
53 STATE STREET  
20TH FLOOR  
Boston, MA 02109

INTERNAL REVENUE SERVICE  
Acct No 2812  
P.O. Box 21126  
DPN 781  
Philadelphia, PA 19114

JACQUELIN MESSINA  
KAPITUS  
2500 WILSON BLVD STE 350  
ARLINGTON, VA 22202

JAMES GRABER, ESQ.  
RUPP PFALZGRAF LLC  
1600 LIBERTY BUILDING 424 MAIN STREET  
Buffalo, NY 14202

JASON A. GANG, ESQ.  
1245 HEWLETT PLAZA #478  
HEWLETT, NY 11557

KAPITUS SERVICING INC.  
2500 WILSON BLVD, SUITE 350  
ARLINGTON, VA 22201

KIM WILLIAMS  
1140 BROOKHOLLOW LANE  
RENO, NV 89519

LABCORP  
Acct No 270163440  
PO BOX 12140  
BURLINGTON, NC 27216

MOANA ANNEX, LLC  
c/o NEVADA COMMERCIAL SERVICES, INC.  
1475 TERMINAL WAY, SUITE A  
RENO, NV 89502

NCMIC FINANCE CORPORATION  
Acct No 5796-1  
14001 UNIVERSITY AVE.  
CLIVE, IA 50325

NEVADA DEPARTMENT OF EMPLOYMENT TRAINING  
Acct No 0458  
500 E. THIRD STREET  
Carson City, NV 89713

NEWLANE FINANCE  
Acct No 3502  
123 S. BROAD STREET, 17TH FLOOR  
PHILADELPHIA, PA 19109

NEWLANE FINANCE  
Acct No 4816  
123 S. BROAD STREET, 17TH FLOOR  
PHILADELPHIA, PA 19109

NEWLANE FINANCE  
Acct No 2824  
123 S. BROAD STREET, 17TH FLOOR  
PHILADELPHIA, PA 19109

SPARTAN CAPITAL  
122 E 42ND ST  
4TH FLOOR #1011  
NEW YORK, NY 10168



SUPER FEET  
Acct No 376663  
1820 SCOUT PLACE  
FERNDALÉ, WA 98248

U.S. BANK  
Acct No 6782  
PO BOX 790408  
SAINT LOUIS, MO 63179-0408

U.S. BANK  
Acct No 5646  
PO BOX 790408  
SAINT LOUIS, MO 63179-0480

U.S. SMALL BUSINESS ADMINISTRATION  
Acct No 2852789105  
OFFICE OF GENERAL COUNSEL  
312 NORTH SPRING STREET, FLOOR 5  
LOS ANGELES, CA 90012

UNITED STATES ATTORNEY  
Acct No 2852789105  
100 W. LIBERTY STREET #600  
RENO, NV 89501

VERNON T. WALDORF  
971 W. MOANA LANE  
RENO, NV 89509

**United States Bankruptcy Court  
District of Nevada**

In re **ACTIVE LIFE INTEGRATED HEALTH**

Debtor(s)

Case No.

Chapter **11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **ACTIVE LIFE INTEGRATED HEALTH** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**June 12, 2024**

Date

**/s/ KEVIN A DARBY**

**KEVIN A DARBY 7670**

Signature of Attorney or Litigant

Counsel for **ACTIVE LIFE INTEGRATED HEALTH**

**DARBY LAW PRACTICE**

**499 W. PLUMB LANE, SUITE 202**

**Reno, NV 89509**

**775.322.1237 Fax: 775.996.7290**

**kevin@darbylawpractice.com**